

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

Permit #:	16-0395
Date:	11-1-16
Amount Paid:	\$75 10-20-16
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Date Stamp (Received)  
16-11-14

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER				
Owner's Name: <b>Joshua Pionk</b>	Mailing Address: <b>PO Box 643</b>	City/State/Zip: <b>Iron River, WI 54877</b>	Telephone: <b>(715) 813-7678</b>	
Address of Property: <b>2155 Birch Tree Trail</b>		City/State/Zip: <b>Barnes, WI 54873</b>	Cell Phone: <b>(715) 813-7678</b>	
Contractor: <b></b>		Contractor Phone: <b></b>	Plumber: <b></b>	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <b></b>	Agent Mailing Address (include City/State/Zip): <b></b>	
PROJECT LOCATION	Legal Description: (Use Tax Statement) <b>1/4, 1/4 Gov't Lot Lot(s) CSM Vol &amp; Page Lot(s) No. Block(s) No. Subdivision: <b>Commune Add.</b> Lot Size Acreage <b>3.17</b></b>	PIN: (23 digits) <b>04-004-2-45-09-08-300-153-19500</b> Recorded Document: (i.e. Property Ownership) <b>Vol 8 565112 Page(s) 1</b>		
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <b>\$12000.00</b>	Project <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input type="checkbox"/> Municipal/City <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> (New) Sanitary Specify Type: <b>ST</b> <input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>ST</b> <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> None <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Foundation <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Use <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input type="checkbox"/> Municipal/City	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	What Type of Sewer/Sanitary System is on the property? <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
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Existing Structure: (if permit being applied for is relevant to it)	Length: <b>130</b>	Width: <b>24</b>	Height: <b>16</b>
Proposed Construction:	Length: <b>130</b>	Width: <b>24</b>	Height: <b>16</b>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Rec'd for Insurance	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X )	
<input checked="" type="checkbox"/> Residential 0316	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X )	
<input checked="" type="checkbox"/> Residential 0316	<input type="checkbox"/> with Loft	( <input type="checkbox"/> X )	
<input checked="" type="checkbox"/> Residential 0316	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X )	
<input checked="" type="checkbox"/> Residential 0316	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X )	
<input checked="" type="checkbox"/> Residential 0316	<input type="checkbox"/> with a Deck	( <input type="checkbox"/> X )	
<input checked="" type="checkbox"/> Residential 0316	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( <input type="checkbox"/> X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Mobile Home (manufactured date)	( <input type="checkbox"/> X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) <b>Garage 24 X 30</b>	( <input type="checkbox"/> X )	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) <b>Garage 24 X 30</b>	( <input type="checkbox"/> X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <b>30</b>	( <input type="checkbox"/> X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	( <input type="checkbox"/> X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Conditional Use: (explain) _____	( <input type="checkbox"/> X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Joshua Pionk**

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

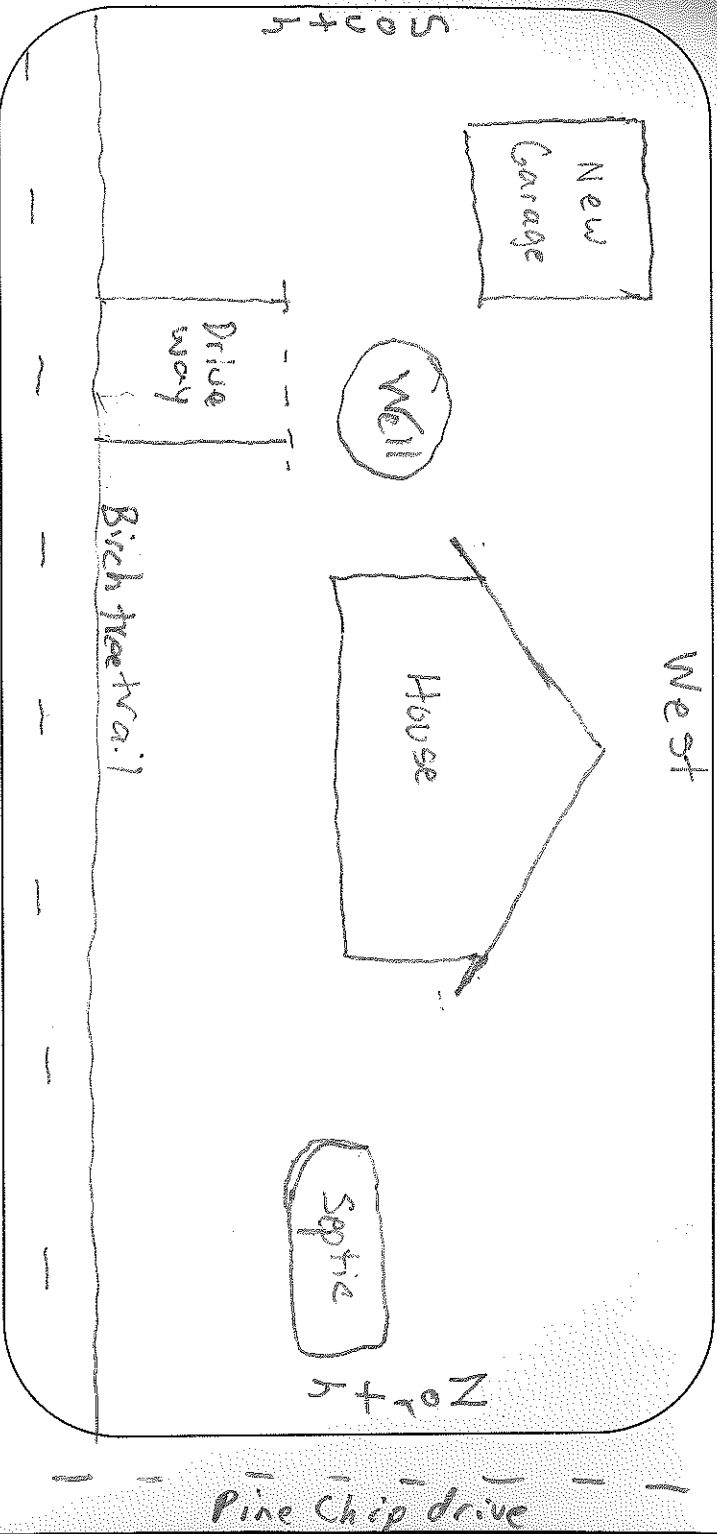
Date **10/16/2016**

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)  
(6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond  
(7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

East

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	67 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	52 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	180 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	75 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	52 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	105 Feet	Setback to Well	37 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>16-0395</u>		Permit Date: <u>11-1-16</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	Case #:			
Granted by Variance (B.O.A.)	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record:						
Date of Inspection: <u>10-28-16</u>		Inspected by: <u>JGC</u>		Zoning District (A)		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				Lakes Classification (NA)		
Signature of Inspector: <u>[Signature]</u>				Date of Approval: <u>11-1-16</u>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Permit Stamp (Received)  
OCT 31 2016

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	16-0397
Date:	11-1-16
Amount Paid:	\$75-11-1-16
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER			
Owner's Name:		Loretta J. Peterson		Mailing Address:		3065 Bong Lake		City/State/Zip:	Barnes, WI 54873	Telephone:	715-745-2153
Address of Property:		3036 Bong Lake Road		City/State/Zip:		Barnes, WI 54873		Cell Phone:		218-340-9824	
Contractor:		Jeff Britton		Contractor Phone:		715-293-2656		Plumber:		N/A	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		N/A		Agent Phone:		N/A		Agent Mailing Address (Include City/State/Zip):		N/A	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		04-04-004-2-44-09-204-205-00000000		Recorded Document: (i.e. Property Ownership)		Page(s)	
1/4, 1/4		Gov't Lot 5		Lot(s)		CSM		Vol & Page		272.536	
Section 4, Township N, Range W		Town of:		Barnes, WI		Lot Size:		5.7		Acreage: 5.7	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: _____ feet							

Value at Time of Completion * include donated time & material	\$ 20,000				
Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cow/</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length:	28	Width:	28	Height:	12
Proposed Construction:						

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	( X )	
<input checked="" type="checkbox"/> Residential Use	with a Porch	with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Commercial Use	with a Deck	with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Rec'd for business	with Attached Garage		( X )	
<input type="checkbox"/> NOV 01 2016	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____		( X )	
<input type="checkbox"/> Secretarial Staff	Addition/Alteration (specify) _____		( X )	
	Accessory Building (specify) <u>Garage</u>		( 28 X 28 )	284
	Accessory Building Addition/Alteration (specify) _____		( X )	
	Special Use: (explain) _____		( X )	
	Conditional Use: (explain) _____		( X )	
	Other: (explain) _____		( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Loretta J. Peterson  
(If there are Multiple Owners listed on the filed All Owners must sign or letter(s) of authorization must accompany this application)

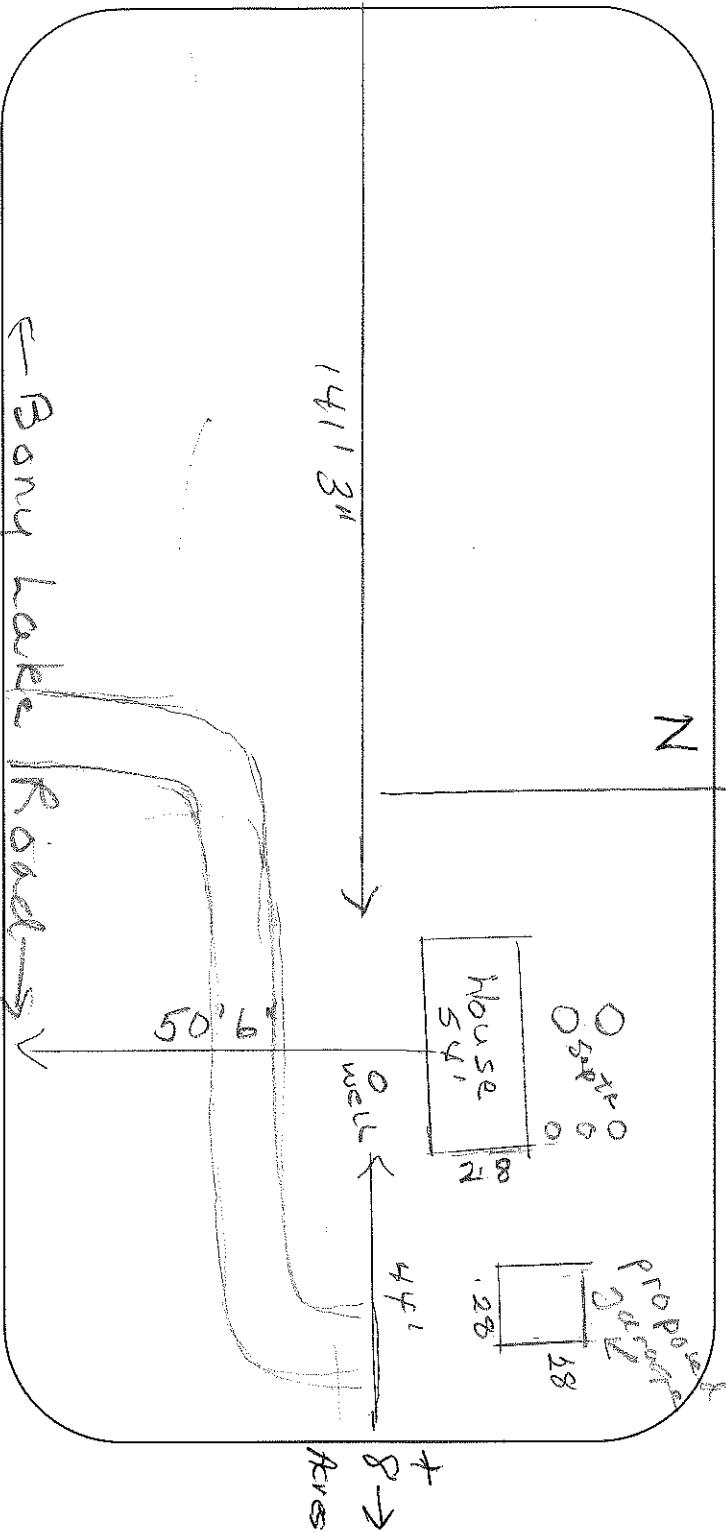
Authorized Agent: \_\_\_\_\_ Date: 10/25/16

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: 3065 Bong Lake Road Barnes, WI 54873

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
Copy of Tax Statement Attach  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	70 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	2 Feet	Setback from the River Stream, Creek	Feet
Setback from the North Lot Line	100' 4 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	50' 6 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	141' 3 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	44 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	60 Feet	Setback to Well	80 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	14 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 116-0397		Permit Date: 11-1-16		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Case #:
Inspection Record:		Were Property Lines Represented by Owner		
Date of Inspection: 10-28-16		Was Property Surveyed		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Zoning District (R3)		
Signature of Inspector: [Signature]		Lakes Classification (A-M)		
Hold For Sanitary: <input type="checkbox"/>		Date of Re-Inspection:		
Hold For TBA: <input type="checkbox"/>		Date of Approval: 10-31-16		
Hold For Affidavit: <input type="checkbox"/>		Date of Re-Inspection:		
Hold For Fees: <input type="checkbox"/>		Date of Re-Inspection:		



Permit #:	16-0399
Date:	11-2-16
Amount Paid:	\$310 101416
Refund:	

Bayer O. Zwing Dörf

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$76,000.00	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>pumped</u>	<input checked="" type="checkbox"/> Sewer
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation				<input type="checkbox"/> Compost Toilet	
	<input checked="" type="checkbox"/> <u>Septic</u>				<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 40	Width: 20	Height: 8' 12"

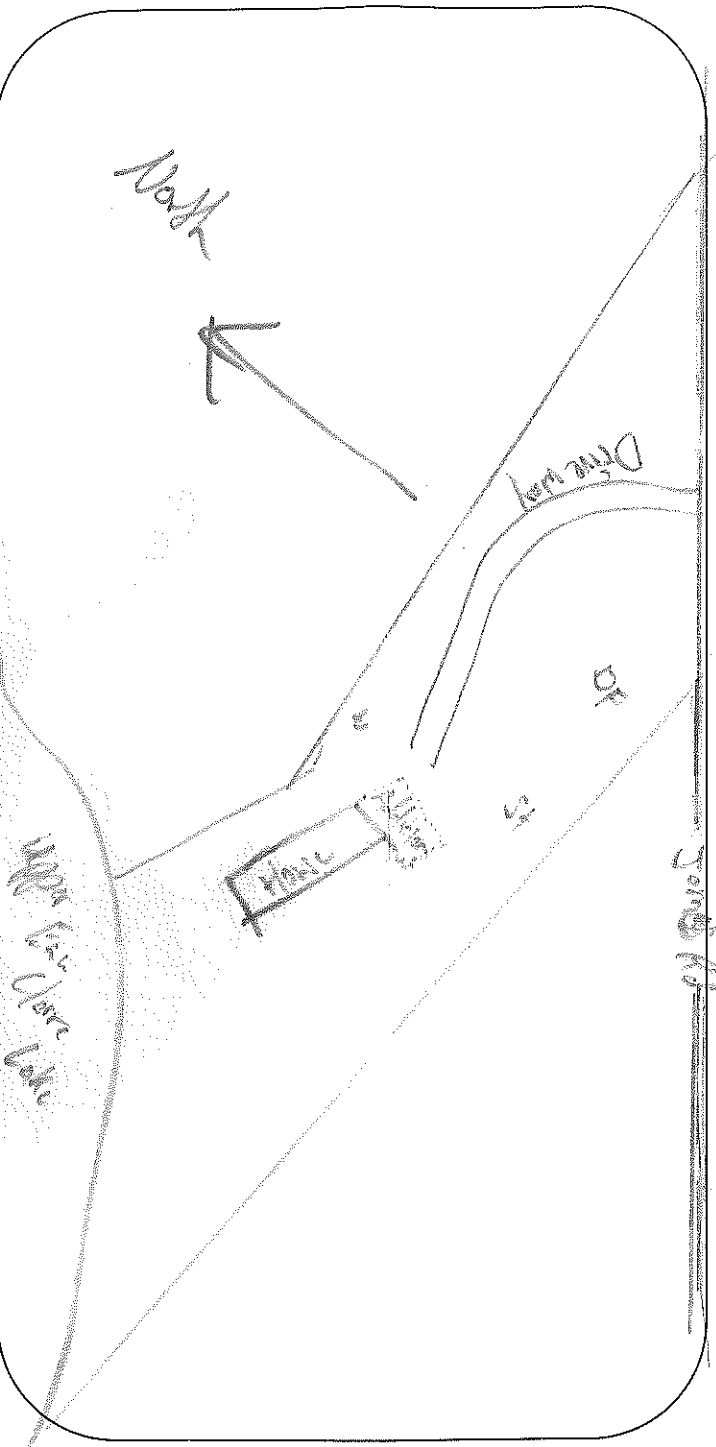
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	(      X      ) (      X      ) (      X      ) (      X      ) (      X      ) (      X      ) (      X      )	
<input type="checkbox"/> Commercial Use	Rec'd for Insurance NOV 02 2016 Secretarial Staff	Bunkhouse w/ <input type="checkbox"/> sanitary, <input checked="" type="checkbox"/> sleeping quarters, <input checked="" type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) Addition/Alteration (specify) <u>KITCHEN (Per J.L.)</u> Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____ Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	(      X      ) (      X      ) (      X      ) (      X      ) (      X      ) (      X      ) (      X      )
<input type="checkbox"/> Municipal Use			

Address to send permit 52450 Lake Rd. Barnes, N.E. 54873

**if you recently purchased the property send your Recorded Deed**

below: **Draw or Sketch your Property** (regardless of what you are applying for)

- |     |                       |  |
|-----|-----------------------|--|
| (1) | Show Location of:     | Proposed Construction  |
| (2) | Show / Indicate:      | North (N) on Plot Plan   |
| (3) | Show Location of (*): | (* ) <u>Driveway</u> and (* ) <u>Frontage Road</u> (Name Frontage Road)  |
| (4) | Show:                 | All Existing Structures on your Property   |
| (5) | Show any (*):         | (* ) <u>Well</u> (W); (* ) <u>Septic Tank</u> (ST); (* ) <u>Drain Field</u> (DF); (* ) <u>Holding Tank</u> (HT) and/or (* ) <u>Privy</u> (P) |
| (6) | Show any (*):         | (* ) <u>Lake</u> ; (* ) <u>River</u> ; (* ) <u>Stream/Creek</u> ; or (* ) <u>Pond</u>  |
| (7) | Show any (*):         | (* ) <u>Wetlands</u> ; or (* ) <u>Slopes over 20%</u>  |



Please complete (1) - (7) above (prior to continuing)

**Changes in plans must be approved by the Planning & Zoning Dept.**

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	230 ± Feet	Setback from the Lake (ordinary high-water mark)	96 Feet
Setback from the Established Right-of-Way	200 ± Feet	Setback from the River, Stream, Creek	
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	22 Feet		
Setback from the South Lot Line	<del>22</del> 34 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	96 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	200 ± Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	25 Feet
Setback to Drain Field	20 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the property. The boundary line must be marked by a licensed surveyor at the owner's expense and previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P) and Well (W).**

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b> Permit Denied (Date): _____		Sanitary Number: <u>16-1485</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>11-2-16</u>
Permit #: <u>16-0399</u>		Reason for Denial: _____		
Permit Date: <u>11-2-16</u>				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #: _____		Case #: _____		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: <u>Seok took in clay, lot Lwr Ver. Fire hoods.</u>		<u>H of Bedrooms?</u>		
Date of Inspection: <u>10-27-16</u>		Inspected by: _____		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) <u>must get wdc</u>				
Signature of Inspector: <u>J. Pauley</u>		Date of Approval: <u>11-2-16</u>		
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>		_____		

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
OCT 14 2016  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 16-0401  
Date: 11-3-16  
Amount Paid: \$100 10-14-16  
Refund: \$75 11-3-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Kent I. Mackey	Mailing Address: 1390 Broken Arrow Barnes, WI. 54783	Telephone: 715-795-3379
Address of Property: 1390 Broken Arrow Trail		City/State/Zip: Barnes, WI. 54783
Contractor: SELF	Contractor Phone: _____	Plumber: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: SE 1/4, SW 1/4	Legal Description: (Use Tax Statement)	Recorded Document: (i.e. Property Ownership) Volume 1017 Page(s) 620
Section 18, Township 45 N, Range 9 W	Town of: Barnes	Subdivision: Add. to Potawatomi, Pawnee Lot 49 NW 1/4, 1017 R620 2634
<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: 144 feet
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet
<input type="checkbox"/> Non-Shoreland		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$4,000.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Shop	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Cement Slab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 26 x 42 Width: 26 Height: 1 story

Proposed Construction: Length: 16 Width: 26 Height: 1 story

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( ) X ( )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( ) X ( )	
<input type="checkbox"/> with Loft		( ) X ( )	
<input type="checkbox"/> with a Porch		( ) X ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch		( ) X ( )	
<input type="checkbox"/> with a Deck		( ) X ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( ) X ( )	
<input type="checkbox"/> with Attached Garage		( ) X ( )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)		( ) X ( )	
<input type="checkbox"/> Mobile Home (manufactured date) _____		( ) X ( )	
<input type="checkbox"/> Addition/Alteration (specify) _____		( ) X ( )	
<input type="checkbox"/> Accessory Building (specify) _____		( ) X ( )	
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) Garage Addition		(16 X 26)	476
<input type="checkbox"/> Special User: (explain) _____		( ) X ( )	
<input type="checkbox"/> Conditional User: (explain) _____		( ) X ( )	
<input type="checkbox"/> Other: (explain) _____		( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Kent I. Mackey Date 10/14/2016  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

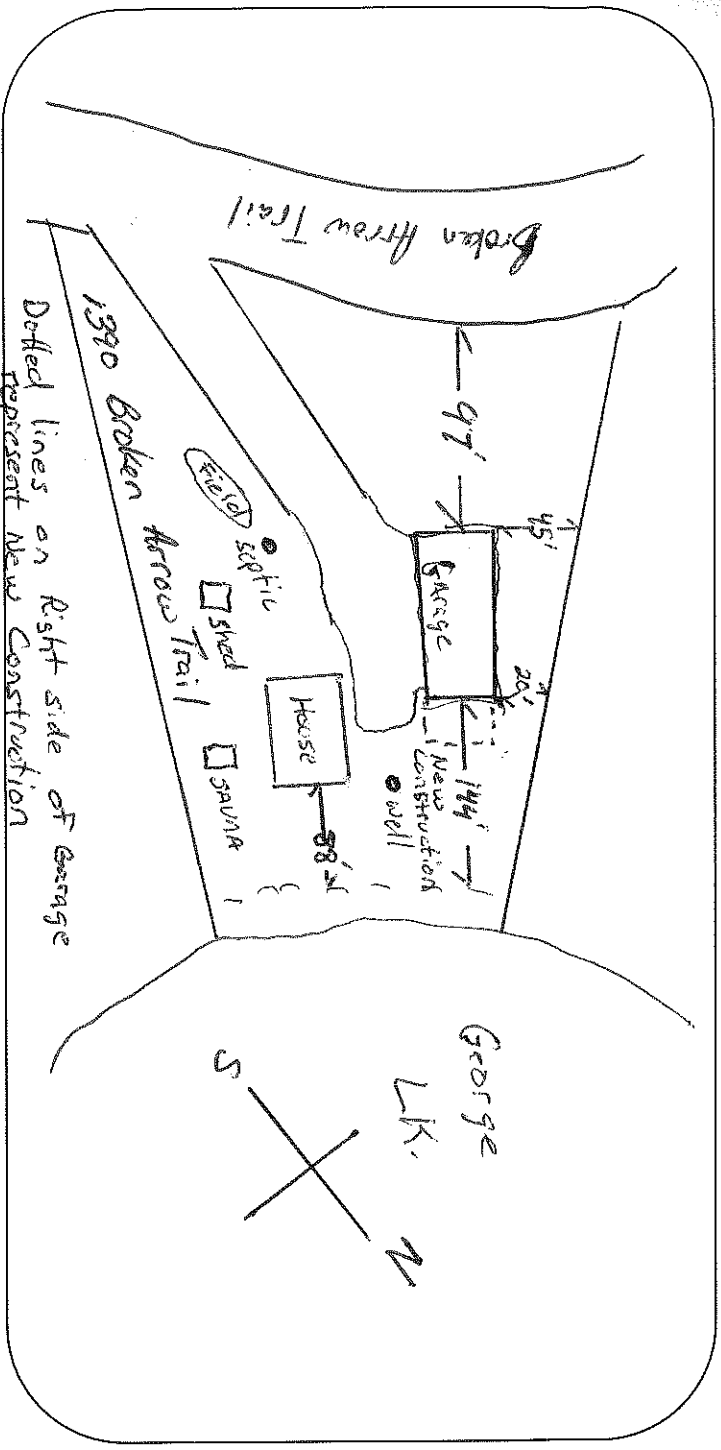
Address to send permit 1390 Broken Arrow Trail Barnes, WI. 54783  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	141 Feet	Setback from the Lake (ordinary high-water mark)	144 Feet
Setback from the Established Right-of-Way	111 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot line	144 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot line	97 Feet	Setback from Wetland	Feet
Setback from the West Lot line	80 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot line	180 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	80 Feet	Setback to Well	75 Feet
Setback to Drain Field	120 Feet		
Setback to Privy (Portable, Composting)	124 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 16-0401		Permit Date: 11-3-16			
Is Parcel a Sub-Standard Lot <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No		Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No		Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: OK to Start		Inspected by: J. Reilly		Zoning District (21) Lakes Classification (3)	
Date of Inspection: 10-28-16				Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
Not for human habitation					
Signature of Inspector: J. Reilly		Date of Approval: 11-3-16			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date/Time (Received)  
11 03 11 2016

ENTERED

Permit #:	16-0400
Date:	11-4-16
Amount Paid:	\$75 11-4-16
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>JAMES + BARBARA Clements</u>	Mailing Address: <u>5580 E Island Dr</u> City/State/Zip: <u>BARNEYS WI 54873</u>	Telephone:  Cell Phone: <u>715 495 7134</u>
Address of Property: <u>5580 E ISLAND DR</u>	City/State/Zip: <u>BARNEYS WI 54873</u>	Plumber Phone:  Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Contractor: <u>Self</u>	Contractor Phone:  Plumber:  Agent Mailing Address (include City/State/Zip):	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:  Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement)  PIN: (23 digits) <u>4170</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1148</u> Page(s) <u>512</u>
Section <u>17</u> , Township <u>4S</u> N, Range <u>9</u> W	Vol & Page <u>Barneys</u>	Subdivision: Lot Size <u>with 2664 Add. to P.O.T.</u> Acreage <u>.49</u>

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 3000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material <u>\$20,000</u>	Project <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>DEAD END</u> <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
---	--	--	--	---	---	--

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>42</u>	Width: <u>28</u>	Height: <u>16</u>
Proposed Construction:	Length: <u>42</u>	Width: <u>28</u>	Height: <u>16</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance NOV 04 2016	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <input type="checkbox"/> with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use Secretarial Staff	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input checked="" type="checkbox"/> Accessory Building (specify) <u>BARACK</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <u>28</u> X <u>42</u> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	   <u>1176</u>  
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James + Barbara Clements  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

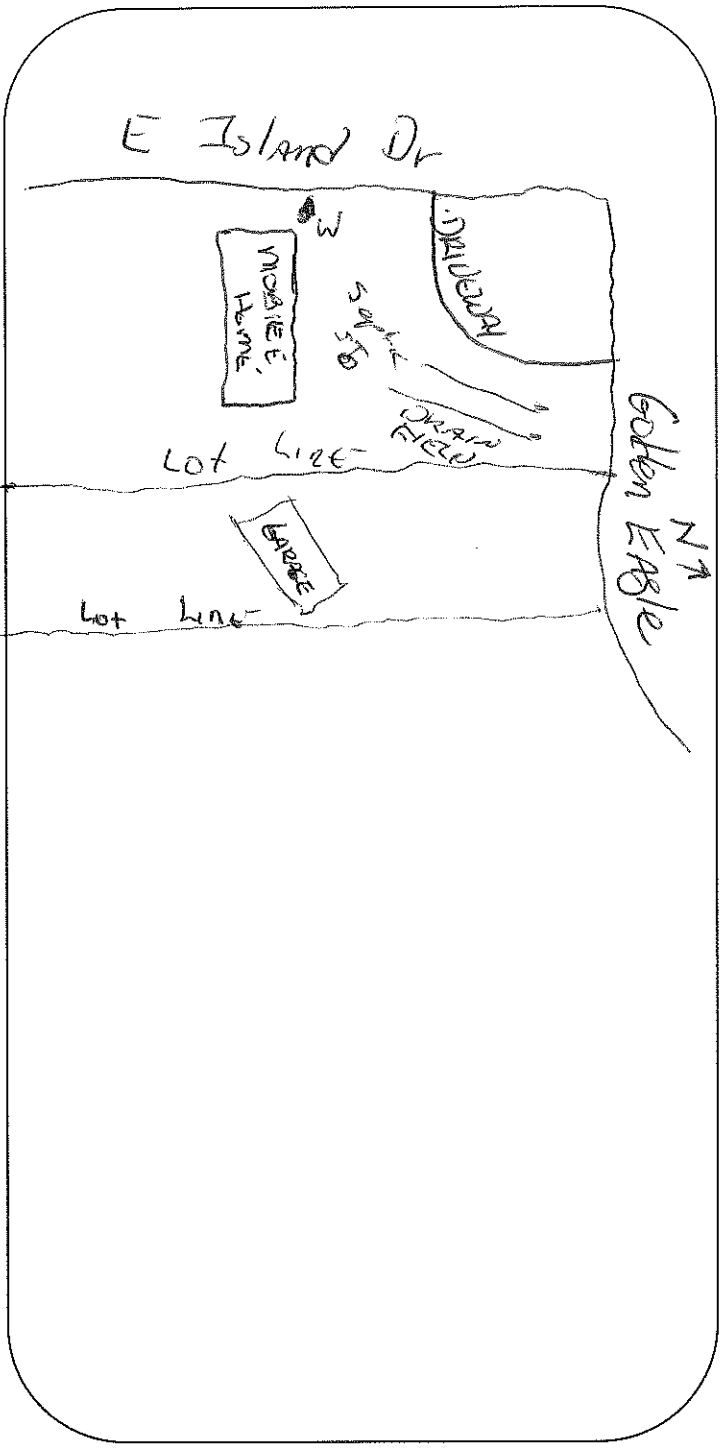
Date 10-11-16  
Address to send permit: \_\_\_\_\_

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	140 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	110 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	140 Road Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	90 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	15 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	20 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	58 Feet	Setback to Well	140 Feet
Setback to Drain Field	60 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: 16-0406	Permit Date: 11-4-16					
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:	OK					
Date of Inspection: 16-27-16	Inspected by: JAC					
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)						
Not for human habitation No water under pressure.						
Signature of Inspector: J. B. B. B.						Date of Approval: 11-3-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			